August 11, 1980

Dear Fred,

The Advanced Reunion Gateway Session for your Graduate Group is scheduled for September 20-28, 1980.

It will be a time not only to renew old friendships, but to be the first to experience the new Master Mind series. There also will be special exploration exercises just for Gateway Graduates, available only at the Institute.

The registration fee for Graduates is $725, or $650 if you now are an Institute Sustaining Member. This includes food and housing, plus three Master Mind cassettes to take home and use.

I will hold a place for you until Already reserved, so do phone or write me before then if you can come. Space is limited, and I can't promise room for you beyond that date. Please let me hear from you soon.

Love,

Alice

Alice Durrett
Gateway Coordinator

AD/gg

CONFIDENTIAL

Monroe Institute of Applied Sciences

GATEWAY PROGRAM APPLICATION

1. NAME _____

Address _____

City _____ State _____ Zip _____

Home Phone ( ) _____

Business Phone ( ) _____

Present Occupation _____

Date of Birth _____

Sex _____

Married _____

Children _____

Person in closest association with you: Name & Address _____

_____ Phone ( ) _____

2. EDUCATION

High School _____ Graduate Work _____

College _____ Other _____

3. PHYSICAL

Height _____ Weight _____

Any chronic illness, abnormalities, disabilities _____

Major illnesses, surgical operations or accidents _____

Presently on medication _____ Special diet _____

Recent physical exam _____ For what reason _____

Do you participate in sports _____ What type _____

Exercise daily _____ General health _____

Are you right or left handed _____

4. MENTAL

Have you undergone psycho-therapy/analysis _____. How long _____

Name and address of therapist _____

_____

Ever hospitalized for mental breakdown or illness _____

Details _____

Do you have any special dislikes _____

Answer by number (1) Very Strong (2) Average (3) No Fear

Insects _____ Animals _____ Snakes _____ Crowds _____

Heights _____ Closeness _____ Darkness _____ Other _____

Events/things that please you most _____

5. Participation in any other mind training activities: TM, Silva, etc. _____

_____

Present use of entertainment or psychotropic drugs such as alcohol, barbiturates, amphetamines, etc.

Drugs: _____

How often _____

What areas of personal development do you feel you need most? _____

_____

_____

How did you learn of Monroe Institute? _____

GATEWAY PROGRAM SESSIONS

Session	Fee	Deposit	Deposit refundable until
EXCURSION	$ 55	$ 15	Two weeks before the session
WEEKEND – DISCOVERY	350..	75.	Four weeks before the session
EIGHT-DAY EXPLORATIONS	850.	200.	Six weeks before the session

(Fee varies with location)

I desire to participate in the following type of session _____.

It is scheduled to be held at THE CENTER on Date _____.

The cost to me will be $ _____, as indicated above. I enclose a Reservation Deposit of $ _____, as indicated above.

The balance of my Registration Fee will be paid by me on the first day of my attendance.

I understand and agree that my participation in the Gateway Program is solely for my own personal use and benefit, and that any information, experience, methods, techniques, or other data related thereto is for my own private use only.

I therefore agree that I will not release directly or indirectly any of the above through any public medium without the written approval by the Monroe Institute of Applied Sciences of the content of such public release.

Please charge my □Master Charge □VISA. Card No. _____ exp. date _____

Signed _____

Date _____

Send to:

MONROE INSTITUTE OF APPLIED SCIENCES

P. O. BOX 94C
FABER, VIRGINIA 22938
(804) 361-1252

PROFILE OF ADAPTATION TO LIFE

INSTRUCTIONS: (__ _____ __)
Subj. #

1. Before answering the questions below, please read the information provided to you about the purpose of this questionnaire, protection of your right to privacy, etc.

2. Try to answer each question below to the best of your ability. Do not spend too much time on any one question. Your first impulse is generally your best answer.

PLEASE COMPLETE THE FOLLOWING BACKGROUND INFORMATION:

Your Name: _____ Today's Date: _____
(Please Print) Month Day Year

A. SEX (Check one)
(1)____ Male
(2)____ Female

B. MARITAL STATUS (Check one)
(1)____ Currently married
(2)____ Separated, divorced, or widowed
(3)____ Never married

C. EDUCATION (Check one)
(1)____ Less than high school
(2)____ High school graduate
(3)____ Some college
(4)____ College graduate

D. AGE _____

Please mark one answer for each question below.

Mark your answer like this: ✓ *or* X

DURING THE PAST MONTH, HAVE YOU . . .
(Please answer each question below)

	Answer Choices 1 Never	2 Rarely	3 Sometimes	4 Often
1. Worried about something?				
2. Felt gloomy, blue?				
3. Been on edge, tense?				
4. Felt uneasy, troubled?				
5. Been unhappy?				

DURING THE PAST MONTH, I'VE . . .
(Please answer each statement below)

	Answer Choices 1 Rarely	2 Sometimes	3 Often	4 Almost Always
6. Enjoyed talking with others.				
7. Felt trusting of people.				
8. Found work useful and interesting.				
9. Been involved, interested in things.				
10. Felt needed and useful.				

ARE YOU LIVING WITH A SPOUSE, PARENT, OR SOMEONE IN A CLOSE RELATIONSHIP?
(1)____ No (If you marked "no", skip the next 5 questions)
(2)____ Yes (If you marked "yes", please answer the 5 questions below)

DURING THE PAST MONTH, HAVE YOU AND THIS PERSON (spouse, parent, etc.) . .

	Answer Choices 1 Rarely	2 Sometimes	3 Often	4 Almost Always
11. Been able to talk it through when angry?				
12. Spent enjoyable times together?				
13. Discussed important matters?				
14. Felt close to each other?				
15. Agreed about social activities and friends?				

ARE THERE CHILDREN WHERE YOU LIVE? (Mark one)
(1)____ No (If you marked "No", skip to Question 21 on reverse side)
(2)____ Yes (If you marked "Yes", please answer the next 5 questions)

DURING THE PAST MONTH, HAVE YOU AND THE CHILD(REN) . . . .

	Answer Choices 1 Rarely	2 Sometimes	3 Often	4 Almost Always
16. Spent time talking with each other?				
17. Spent time doing things together?				
18. Treated each other with respect?				
19. Felt close to each other?				
20. Done things for each other?				

Please continue on reverse side

INSTITUTE FOR PROGRAM EVALUATION (IPEV Int'l)
Box 4654, Roanoke, Va. 24015

DURING THE PAST MONTH, HAVE YOU . . .	1 Rarely	2 Some-times	3 Usually	4 Always
21. Had enough money to handle unexpected expenses?				
22. Had enough money to pay your bills?				
23. Been free from worry about debts?				

DURING THE LAST MONTH, HAVE YOU . .	1 Not Once	2 1-2 Times per MONTH	3 1-2 Times per WEEK	4 Almost Daily
24. Had headaches?				
25. Felt hot, feverish?				
26. Had spells of dizziness?				
27. Waken from sleep feeling tired?				
28. Had nausea (sick to stomach)?				
29. Taken medication for headache?				
30. Taken medication for stomach?				

DURING THE LAST MONTH	1 Not Once	2 1-2 Times per MONTH	3 1-2 Times per WEEK	4 Almost Daily
31. Have you used alcohol or non-prescription drugs?				
32. Have you gotten high on alcohol or drugs?				
33. Has alcohol or drugs caused problems between you & family members?				
34. Has alcohol or drugs caused problems in your thinking clearly?				

NOTE: QUESTIONS 35 TO 41 BELOW ASK THAT YOU INDICATE WHETHER OR NOT YOU HAVE EXPERIENCED ANY PROBLEMS IN CERTAIN AREAS OF ADJUSTMENT OR ACTIVITY DURING THE PAST MONTH. PLEASE BE SURE TO ANSWER EACH QUESTION BELOW.

DURING THE PAST MONTH, HAVE YOU HAD PROBLEMS . . .

35. With Feeling Bad (worried, unhappy, tense, etc.)?
(Mark one answer)
(1)_____ No problem
(2)_____ Some problem
(3)_____ Serious problem

36. Enjoying Other People or your Daily Life?
(Mark one answer)
(1)_____ No problem
(2)_____ Some problem
(3)_____ Serious problem

37. In the Relationship with the Person Close to You?
(Mark one answer)
(0)_____ I'm not in a close relationship
(1)_____ No problem
(2)_____ Some problem
(3)_____ Serious problem

38. In Relating to Children in the Home?
(0)_____ No children where I live
(1)_____ No problem
(2)_____ Some problem
(3)_____ Serious problem

39. With Having Enough Money to Handle Expenses?
(1)_____ No problem
(2)_____ Some problem
(3)_____ Serious problem

40. With Feeling Sick, or Problems with Health?
(1)_____ No problem
(2)_____ Some problem
(3)_____ Serious problem

41. In Using Too Much Alcohol or Drugs?
(Mark one answer)
(1)_____ No problem
(2)_____ Some problem
(3)_____ Serious problem

BACKGROUND INFORMATION TO PAL SCALE

From time to time, people become involved in experiences that may change their lives in certain ways. The attached scale provides information on your PROFILE OF ADAPTATION TO LIFE (PAL), and will be used only to measure the effects of our programs over time. The information you provide will remain strictly confidential and the results will be reported in group averages. You, of course, are free not to participate if that is your choice.

Please complete this background information first. Then go on and complete the PAL Scale items themselves. Your participation in this evaluation of our program is very much appreciated.

BACKGROUND INFORMATION:

Name _____ Today's Date _____ 17-22

Street _____ Phone _____

City & State _____ Zip _____

YOUR MARITAL STATUS (Check one)
(1)_____ Currently married
(2)_____ Separated, divorced, widowed
(3)_____ Never married 23

SEX (Check one)
(1)_____ Male (2)_____ Female 24

AGE _____ 25-26

EDUCATION (Check one)
(1)_____ Less than high school
(2)_____ High school graduate
(3)_____ Some college
(4)_____ College graduate
(Type of degree_____) 27

HEIGHT: _____feet _____inches 28-30

WEIGHT: _____pounds 31-32

DO YOU SMOKE CIGARETTES? (Check one)
(1)_____ Not at all
(2)_____ About 1/2 pack per day
(3)_____ About 1 pack per day
(4)_____ Over 1 pack per day 33

HOW MUCH COFFEE DO YOU DRINK EACH DAY? (Check one)
(1)_____ None or rare cup
(2)_____ About 1-2 cups per day
(3)_____ 3-4 cups per day
(4)_____ 5 or more cups per day 34

DO YOU WATCH TV? (Check one)
(1)_____ None or rarely
(2)_____ Less than 1 hour per day
(3)_____ 1-2 hours per day
(4)_____ 3-4 hours per day
(5)_____ 5 or more hours per day 35

AVERAGE HOURS OF SLEEP PER NIGHT (Check one)
(1)_____ 4-5 hours
(2)_____ 5-6 hours
(3)_____ 6-7 hours
(4)_____ 7-8 hours
(5)_____ 8 or more hours 36

OCCUPATION OR PROFESSION:_____ 37

3(80)

Prog. Subj #